

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32462

State File No. 2

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2044

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Normandy  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4306 Caldwell Dr.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Ethel M. Bindner  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles M. Bindner 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Aug 2 1893  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 6 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Daly

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Haley

15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles M. Bindner

(b) Address 4306 Cardwell Dr.

17. (a) Burial (b) Date thereof 9-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 13 1943 (b) C. G. McCarver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4306 Cardwell Dr.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8  
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 12-4-42  
\_\_\_\_\_, 19\_\_\_\_, to 9-8, 1943  
that I last saw her alive on 9-8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) \_\_\_\_\_

23. Signature A. J. Kettinger (M. D. or other)

Address 2745 N. 2nd Date signed 9/10/43

Attest: Public Health Officer  
2745 N. Grand Ave. 3053  
1-3 Excelsior

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Warren A. Carver  
Licensed Embalmer No. 3534

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**